

ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA
County Of Maricopa } ss

CERTIFICATE NO. -116-
DOCKET NO. EMS 2620

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of

PUERCO VALLEY AMBULANCE SERVICE

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:

1. **Service Area:** The North Boundary-Wide Ruins to the East Arizona/New Mexico State line. The East Boundary-from the Arizona/New Mexico State line MP 359, then South on Arizona/New Mexico State line to intersect with Zuni Highway. The South Boundary-from the intersection of the Arizona/New Mexico State line with Zuni Highway, to the West on line to the Apache/Navajo County line. The West Boundary-Apache/Navajo County line at Petrified Forest, then North to the Navajo Reservation line.
2. **Central Operations Station:** Sanders, Arizona (Puerco Valley Fire Station, State Highway 191).
3. **Response Times:**

Under Normal Road and Weather Conditions:

- a. Ten (10) minutes on eighty-five (85) percent of ambulance calls.
- b. Fifteen (15) minutes on ninety (90) percent of ambulance calls.
- c. Twenty (20) minutes on ninety-five (95) percent of ambulance calls.
- d. Thirty (30) minutes on one hundred (100) percent of ambulance calls.

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

RENEWAL

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending May 31, 2005 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

WITNESS WHEREOF, I CATHERINE R. EDEN
the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on April 30, 2002

DIRECTOR

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA
County Of Maricopa

} ss

CERTIFICATE NO. -116-

DOCKET NO. EMS 2620

During Severe Weather Conditions:

- a. Fifteen (15) minutes on eighty-five (85) percent of ambulance calls.
- b. Twenty (20) minutes on ninety (90) percent of ambulance calls.
- c. Twenty-five (25) minutes on ninety-five (95) percent of ambulance calls.
- d. Thirty-five (35) minutes on one hundred (100) percent of ambulance calls.



CERTIFICATE OF NECESSITY

(CONTINUATION PAGE ONE)

ISSUED April 30, 2002
EXPIRES May 31, 2005



DIRECTOR